

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | | 71530 | 10/22 |
| O.I.P.E. CLASSIFIER | | 68904 | 10-26-99 |
| FORMALITY REVIEW | | | 11/2/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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